DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193	
HEMELTI CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 2 - 0 1 2	   Pennsylvania	
<ul> <li>STATE PLAN MATERIAL</li> </ul>	3. PROGRAM IDENTIFICATION: TITL	<u> </u>	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)		
		le XIX - Medicaid	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2002	0ctober 1, 2002	
5. TYPE OF PLAN MATERIAL (Check One):		<u> </u>	
□ NEW STATE PLAN □ AMENDMENT TO BE CO	ONSIDERED AS NEW PLAN 🛛 🗓 A	MENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	ENDMENT (Separate Transmittal for each am	endment)	
6. FEDERAL STATUTE/REGULATION CITATION:	a. FFY \$	7. FEDERAL BUDGET IMPACT: No change in current a. FFY 03 \$ procedure b. FFY 04 \$	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSE OR ATTACHMENT (If Applicable):	EDED PLAN SECTION	
Supplement 8a to Attachment 2.6-A, Page 1e	Supplement 8a to Attachmo	ent 2.6-A, Page le	
10. SUBJECT OF AMENDMENT:  Disregard of Parental Income and Court-Order Age of 21 with a Disability	ed Child Support for an Individ	lual Under the	
11. GOVERNOR'S REVIEW (Check One):			
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPECIFIED:		
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Secretary of Public Wel	Lfare	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	. RETURN TO:	
13. TYPED NAME:	Commonwealth of Pennsylvania	a	
Feather O. Houstoun	Department of Public Welfare		
14. TITLE:	P.O. Box 2675		
Secretary of Public Welfare	Harrisburg, PA 1/105	Harrisburg, PA 17105	
15. DATE SUBMITTED: 12/16/02			
17. DATE RECEIVED:	18. DATE APPROVED:		
かれた。 からり Selection 1 to 1	AUG 1 2003		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	ONE COPY ATTACHED  20. SIGNATURIS OF REGIONAL OFFICIAL		
10/1/02	Mary 1 Dec	, , , , , , , , , , , , , , , , , , ,	
21. TYPED NAME:	22. TITLE: ASSOCIATE REGIONAL AD	MINISTRATOR	
MARY T. MCSORLEY	22. TITLE: ASSOCIATE REGIONAL ADDIVISION OF MEDICALD & CHILD	REN"S HEALTH	
23. REMARKS:			

## SUPPLEMENT 8a TO ATTACHMENT 2.6-A Page 1 e

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania
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## MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902 (r)(2) OF THE ACT

X For disabled individuals under the age of 21, covered under Section 1902(a)(10)(A)(ii)(X) of the Social Security Act, the Commonwealth of Pennsylvania will disregard all parental income and all court-ordered child support.

TN No. <u>02-012</u>
Supersedes Approval Date AUG 1 2003 Effective Date October 1, 2002
TN No. \_\_\_\_\_ HCFA ID: